,		Application of Docket Number							
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 C9 557 088									
CL	mn 2)	SMAL	LL ENTITY	OR	OTHER				
FOR NUMBER FILED			NUMBER E	XTRA	RATE		1	RATE	FEE
BASIC FEE						345.00	OR		,690.00 ¹
TOTAL CLAIMS	H	minus 20=	=		X\$ 9=	= .	OR	X\$18=	
NDEPENDENT CLAIMS			- 3	X39=	=	OR	X78=	78	
MULTIPLE DEPENDEN		+130=	_	OR		, <u>, , , , , , , , , , , , , , , , , , </u>			
If the difference in c	column 1 is l	ess than zero	, enter "0" in c	olumn 2	TOTA	. :	_	TOTAL	768
•	<i>'</i>	MENDED -	= 744	بران من تستندن		## P] ~	OTHER	7
	Column 1)		(Column 2)	(Column 3)	SMAL	LL ENTITY	OR		ENTITY
5	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- E TIONAL - FEE		RATE	ADDI- TIONAL FEE
Total Total		Minus	20		X¢ o		OR	X\$18≟	
Independent •	4		4	=	X39=	=	OR	X78=	4
FIRST PRESENTA	ATION OF MU	JLTIPLE DEPE	NDENT CLAIM		+130	7 10		- 3	
						TAL	OR	TOTAL	
(I	(Column 1)	1	(Column 2)	(Column 3)	ADDIT. F	EE	٦٠٠٠	ADDIT. FEE	
8 5	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT '	RATE	ADDI- TIONAL FEE]:	RATE	ADDI- TIONAL FEE
Total •		Minus	**	=	X\$ 9	=	OR	X\$18=	1
Independent +			***	= %-	X39=	-	OR	53 = 5	
FIRST PRESENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR		7.7.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			•			TAL	OR	TOTAL	
; ; ; ;	(- luma 4)		(Column 2)	(Column 3)	ADDIT. F		J ~	ADDIT. FEE	<u> </u>
	(Column 1) CLAIMS		HIGHEST			ADDI-	7		ADDI-
 	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		_	RATE	TIONAL
Total •			**	=	-X\$ 9	<u> </u>	OR	X\$18=]
Independent •		Minus	***	=	X39=	=	OR	X78=	
FIRST PRESENT	ATION OF ME	ULTIPLE DEPE	ENDENT CLAIM		+130		OR		
. * If the entry in column	1 1 is less than t	he entry in colum	ın 2, write "0" in o	olumn 3.		TAL	-	TOTAL	
** If the "Highest Number "Highest Number The "Highest Number	per Previously Pa	Paid For" IN THIS Paid For" IN THIS	SPACE is less that SPACE is less that	an 20, enter "20." an 3. enter "3."	ADDIT. F	FEE	OR oox in α	ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 89/557, 088

Total Fee Calculation

		•	10121 100	O					
	•	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	-	Total
	_	Sm./Lg.				Sm. Entity	Lg. Entity		
	Basic Filing Fee	201/101						=	690
	Total Claims >20	203/103	-20 =	 .	x			-	
3	Independent Claims >3	202/102	-3=		x		<u> 78</u>	=	78
	Mult. Dep Claim Present	204/104		•			·		
	Surcharge	205/105	•					•	130
	English Translation	139							
	TOTAL FEE CALCULA	ATION							898
	Fees due upon filing t	the application:							
	्रे. ्रिotal Filing Fees Due	. 4	(GP)		_		•		
,	Lessiling Fees Subn	mitted - \$		 					
٠,	BALAN . DUE	= \$	298		_				
	Office of Initial Paten	QS 62/ t Examination	(A						

Figure 7

FORM OIPE-RAM-01 (R.v. 12/97)